

## CITY OF LAKE FOREST PUBLIC RECORDS REQUEST FORM

**City Clerk's Department** 

Action Required By:	
☐ City Clerk Office	☐ PW
☐ City Attorney	□ CD

Cal	otocopy fees: \$0.75 first \$0.10 per	ailable within the City's record s Act [Cal. Govt. Code § 6250 of st page; \$0.15 each page thereaft page for FPPC documents documents — Full reimbursement			
Nar	me/Organization	-			
	ail Address (Optional)				
_	one Number	FAX Number	Signature		
Date	e requested:	I wish to review:	I wish to obtain copies:of the following records:		
			lescribe the specific records as completely as possible.		
(1)	Street Address:				
	Requested Information	Requested Information:			
(2)	Non-Property Related	Information Requested:			
No. of					
	* y				
For I	Internal Use	Cor	mments		
	ternal Use	<b>Dis</b>	sposition of Request  by (check one): ☐ Mail; ☐ Pick-up; ☐ Fax; ☐ Email; ☐ Phone		
Docun Compl Docun	ments Reviewed Immedi leted by: ments Provided:	iately on:	# of Copies Copy Fee: \$		

Office Hours Monday – Thursday 8:00 a.m. to 6:00 p.m. and Alternate Fridays 8:00 a.m. to 5:00 p.m. 25550 Commercentre Drive, Lake Forest, CA 92630 (949) 461-3400 FAX (949) 461-3511